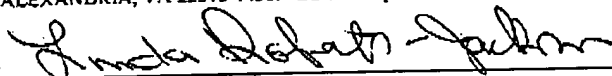


10/659,778

FIS919990263US2

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In the United States Patent and Trademark Office

Date:

8/04/04

In re Application

Edward Barth, et al.

Filed:

9/10/03

of:

For:

Dual-Damascene Interconnect Structure Using
Low Stress Fluorosilicate Insulator with Copper
Conductors

Serial Number:

10/659,778

Art Unit:

2822

Examiner: Novacek, Christy L.

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AMENDMENT

Hon. Commissioner of Patents and Trademarks
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notice of Non-Compliant Amendment dated July 15, 2004,
Applicants resubmit the entire "Claim Amendments" section:

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5 PAGES ATTACHED

Re Applic of	Edward Barth, et al.
Docket No.	FIS9-1999-0263US2
Serial No.	10/659,778
Filing Date	09/10/03
Attorney	LISA J. ULRICH

Document(s) Attached: AMENDMENT, AMENDMENT TRANSMITTAL LETTER

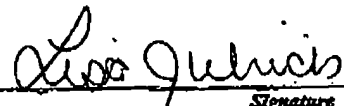
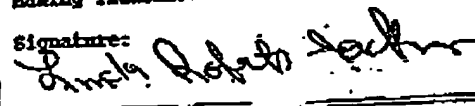
PLEASE DELIVER TO:

EXAMINER: NOVACEK, CHRISTY L.
ART UNIT: 2822
PHONE NO: 571- 272-1839
FAX NO: 703-872-9306

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Intellectual Property Law
East Fishkill Facility
2070 Route 52
Hopewell Junction
New York 12533-6531
Fax: 845-892-6363
Phone: 845-894-3338

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): Edward Barth, et al.				FIS919990263US2	
Serial No. 10/659,778	Filing Date 9/10/03	Examiner Novacek, Christy L.	Group Art Unit 2822		
Invention: Dual-Damascene Interconnect Structure Using Low Stress Stress Fluorosilicate Insulator with Copper Conductors					
TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	7	7 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1	1 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 090458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: 8/4/04		
LISA J. ULRICH, REG. NO. 45,168 2070 ROUTE 52 HOPEWELL JUNCTION, NY 12533					
cc:			<div style="border: 1px solid black; padding: 5px;">CERTIFICATION OF FACSIMILE TRANSMISSION: I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below: Date of Transmission: 8/10/04 Name of Person Making Transmission: Linda Roberts-Jackson Signature: </div>		

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